BOSE MCKINNEY & EVANS LLE

CUSTOMER NUMBER 25267

Certificate Under 37 C.F.R.§ 1.8(a)

February 15, 200

Ryan O. White

February 15, 2006

I hereby certify that this correspondence is being transmitted to (571) 273-8300 at the United States Patent and Trademark Office

at Mail Stop RCE, Commissioner for Patents, P.O. Box 1450,

Alexandria, VA 22313-1450.

on

Dated:

2700 First Indiana Plaza 135 North Pennsylvania Street Indianapolis, Indiana 46204

PATENT APPLICATION

Applicant:

Menkedick, Douglas J. et al.

Serial No.:

10/657,696

*Filing Date:

September 8, 2003

Title:

HOSPITAL BED

Group:

3673

Examiner:

Santos, R.

FEB 2 1 2006

Atty. Docket:

8266-0880 .

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

	CLAIMS A	S AMENDED			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS (37 C.F.R. 1.16(c))	50	50	0	\$50	\$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	6	7	0	\$200	\$0
It applicant has small entity status under 37 C.F.R 1.9 and 1.27, then divide total fee by 2, and enter amount here. SMALL ENTITY TOTAL					\$0
TOTAL FEE FOR ADDITIONAL CLAIMS					\$0

^{*}If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

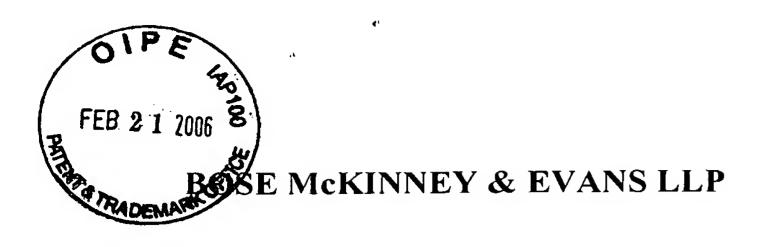
	An Extension of Time for month(s) is hereby requested under 37 C.F.R. 1.136(a). The required fee for filing this extension is:	·-···
X	Request for Continued Examination (RCE) fee	790.00
	TOTAL FEE FOR THIS AMENDMENT	\$790.00
×	A check in the amount of \$790.00 to cover the total fee for this amendment is attached.	

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.B. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

Attorney of Record

Printed Name: Ryan O. White, Reg. No. 45,541

^{**}If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.



CUSTOMER NUMBER: 25267

2700 First Indiana Plaza 135 North Pennsylvania Street Indianapolis, Indiana 46204

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

3673 Group: Certificate Under 37 C.F.R.§ 1.8(a) 8266-0880 Atty. Docket: I hereby certify that this correspondence is being transmitted to (571) 273-8300 at the United States Patent Menkedick et al. Applicants: and Trademark Office at Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. **HOSPITAL BED** Invention: 10/657,696 Serial No.: Ryan O. White September 8, 2003 Filed: Dated: February 15, 2006 Santos, Robert G. Examiner:

AMENDMENT WITH REQUEST FOR CONTINUED EXAMINATION

MAIL STOP RCE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Final Office Action mailed November 15, 2005, Applicants submit the following amendments and remarks for the Examiner's consideration in connection with the Request for Continued Examination filed concurrently herewith.

Listing of Claims/Amendments to Claims begins on page 2.

Remarks begin on page 10.